


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000054408</b> 1. Entity Name CNG GUTTER LLC	
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Principal Place of Business 4055 S. SPANIEL TRAIL INVERNESS, FL 34450	Mailing Address 4055 S. SPANIEL TRAIL INVERNESS, FL 34450
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**DO NOT WRITE IN THIS SPACE**



04162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3743603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GILBERT, HELEN  
7920 PINE HOLLOW COURT  
FLORAL CITY, FL 34436

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000908134  
05/06/08-80018-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILBERT, JAMES A 4055 S. SPANIEL TRAIL INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMPSEY, CASEY 4055 S. SPANIEL TRAIL INVERNESS, FL 34450
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** James Gilbert James Gilbert 4/18/08 (352) 726-7169  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #